



District of Columbia State Innovation Model
HIE Care Coordination Work Group: Meeting Summary

October 22, 2015
1:00 p.m. – 2:30 p.m.

Participants present (in person and/or via teleconference): Evan Carter, Barbara Bazron, Angela Diop, Tippi Hampton, Lindsey Hasbrouck Steinberg, Donna Ramos-Johnson, Shelly Ten Napel, Michael Tietjen, Joe Weissfeld, Rebecca Wolfson, Constance Yancy, De Coleman, Dennis Hobb, Brian Jacobs, Travis Woodruff, Michael Neff, Jim Costello, Chris Botts, Victor Freeman, Patricia MacTaggart, Steve Lewster, Paul Lobo

TOPIC	DISCUSSION
<u>Reactions and Summary from Care Coordination Meeting #1</u>	<ul style="list-style-type: none">• Participants expressed that they were impressed by the level of HIE activity already happening in the District and the role CRISP has taken in triangulating data• Participants enjoyed the opportunity to hear what other entities are doing with HIE<ul style="list-style-type: none">➤ Expressed interest in DHCF hosting future meetings for providers to hear what others are doing in the HIE space
<u>Common Assessment and Care Plan</u>	<ul style="list-style-type: none">• The group was in agreement that a common assessment & care plan would be beneficial to build• Some participants suggested building smaller, condition-specific care plan tools, while others suggested building a tool for all providers (with the ability to customize certain fields)• The group agreed that the tool needs to be user friendly for providers to use it• The group agreed to further explore the fields necessary for the tool; a small work group will explore this further, but initial ideas included:

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> ➤ Risk stratification/analytic component (based on utilization patterns, medication compliance, immunization, poly-pharmacy) ➤ Demographic and contact data (would include family/friends contact information) ➤ Provider(s) contact information (would include care coordinator) ➤ Resources available to the patient ➤ Clinical data (e.g. labs, pathology, meds) ➤ Problem list ➤ Medication reconciliation <ul style="list-style-type: none"> • <u>Next Steps:</u> Individuals interested in working in a small group to develop the core fields in a common care assessment and care plan tools should contact joe.weissfeld@dc.gov. Individuals with examples of care assessment and care plans should also forward those to joe.weissfeld@dc.gov.
<u>C-CDA Utilization and Exchange</u>	<ul style="list-style-type: none"> • It was suggested that the data in the C-CDA is helpful for care coordination activities and that a “top sheet” that served as a table of contents for the full C-CDA • It was suggested that data from the C-CDA could auto-populate a number of fields in a common assessment and care plan tool • <u>Next Steps:</u> Gather more information on the fields necessary for a top sheet; allow providers to share what fields they are most interested in at the next meeting
<u>Other Opportunities: Risk Assessment, Registries, Quality Reporting, Prescription Drug Monitoring</u>	<ul style="list-style-type: none"> • CRISP and DCPCA discussed that there are projects under way to develop risk assessment tools; more information will be shared at the next meeting • <u>Next Steps:</u> The group ran out of time, but would like to discuss registries, prescription drug monitoring, and quality reporting tools at the next meeting. Participants are encouraged to come prepared to discuss their objectives and ideas for these types of tools.